

# Newsletter



## SAFE MOTHERHOOD PROMOTION PROJECT Phase 2 (SMPP-2)

A Technical Cooperation Project of Ministry of Health & Family Welfare and Japan International Cooperation Agency (JICA)

*For the purpose of reduction of maternal and neonatal morbidity/mortality, the Government of Bangladesh (GoB) requested the Japan International Cooperation Agency (JICA) to jointly implement the Safe Motherhood Promotion Project (SMPP) in Narsingdi District for 5 year period (2006 to 2011). After successful completion of the 1st phase, SMPP has been started its 2nd phase from July 2011.*

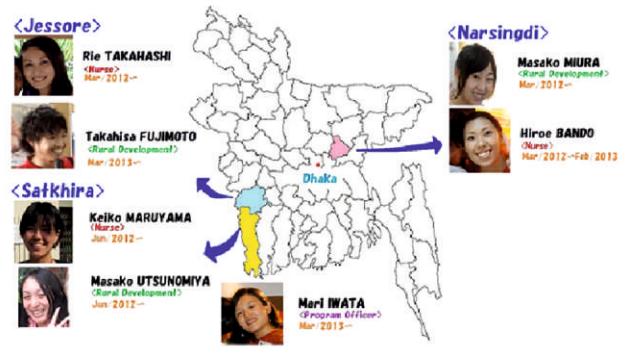
## JICA Volunteers

JICA has a volunteer program that dispatches Japanese volunteers to developing countries in order to contribute to solve the problems faced by those countries at the grassroots level.

The first group of JICA volunteers was sent 40 years ago in Bangladesh, and now 71 Japan Overseas Cooperation Volunteers (JOCV) and 4 Senior Volunteers (SV), in total, 75 volunteers have been working in various regions and sectors (2013 as of July 31).

For SMPP, JICA Volunteers have been dispatched as project collaboration members from Phase 1. Now, total 6 volunteers (1 in Narsingdi district, 2 in Jessore district, 3 in Satkhira district) have been dispatched and working in the fields of rural development,

## SMPP JICA Volunteers MAP



nursing and community development.

This time, we asked 8 JICA Volunteers, including 2 who worked during Phase 1, to introduce the activities of JICA Volunteers in SMPP.

## Self-introduction: Nurse

### Rie TAKAHASHI

**Duration:** 2 years from March 2012



#### Background:

The Girl Scouts which I belonged to in my childhood made me interested in international cooperation, at the same time, I

had dreamt of becoming a nurse and entered the nursing school to make that dream a reality. I had worked in hospitals for about four years after my graduation and joined the JICA Volunteers program.

Currently, I work in hospitals as a nurse in Jessore District for the improvement of medical services in hospitals by introducing a Japanese-style quality control approach called “5S-KAIZEN-TQM”.

My main activity now is to improve the working environment of hospital staffs. I tell them by showing how to make storage cases by reusing empty infusion bottles or empty boxes to organize and store medical articles. I feel very glad to look at the situation which the hospital staffs are realizing the fact that it is “POSSIBLE without buying things” instead of the belief that “IMPOSSIBLE without buying things” little by little.

Another thing, I think my activities are not only to improve the working environment of the hospital staffs, but also to take good care of the patients first. Since I came here, to Bangladesh, there have been many situations that I felt so much close to life and death, and I cannot help thinking about life from a viewpoint of “Quality of life (QOL)”. Wherever we

## SMPP-2 Outline

**Overall Goal:** Maternal and neonatal health (MNH) status is improved in Bangladesh

**Project purpose:** The approaches to improve MNH service quality and utilization in line with Health, Population, and Nutrition Sector Development Program (HPNSDP) are expanded in Bangladesh.

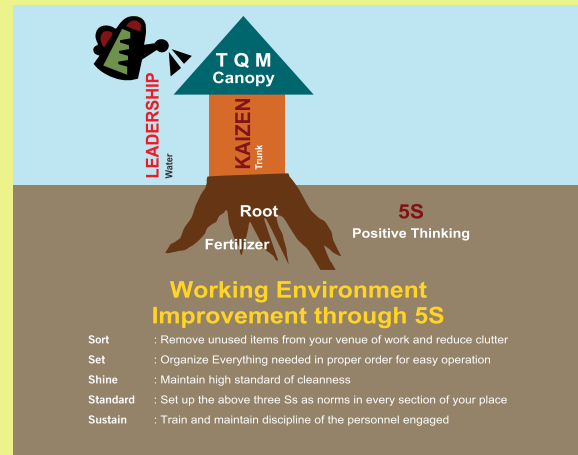
#### Outputs:

1. Function of the MNH activities coordination among stakeholders is enhanced at national level
2. Process of good practices and lessons learnt for improvement of MNH extracted from the Project are disseminated in the country.
3. Local implementation mechanisms of MNCH minimum package and approaches integrated into UHS are defined

**Project sites:** The National level with direct intervention in Satkhira, Narsingdi, and Jessore districts

## What is 5S?

5S is the principle of work environment improvement derived from the Japanese words seiri, seiton, seiso, seiketsu, shitsuke. In English the five Ss are respectively described Sort, Set, Shine, Standardize, and Sustain. This principle is your reliable instrument to make a break-through improving your work environment and staff's attending various types of jobs in your Project or Institution. This is not only participation of staff serving in the Project or Institution. 5S activities are practiced in a real participatory movement to improve the quality of both the work environment and service contents delivered to your clients.



are born or we grow up, preciousness of life is equal, and everyone has the right to pursue the “QOL”. Environment has a big impact on human mind, but that environment is created by that same human being. I am not sure how much I can do the rest of my term, but I will try to work as hard as possible along with the hospital staffs to provide a better environment for the improvement of the “QOL” of patients.

### Keiko MARUYAMA

**Duration:** 2 years from June 2012

**Back ground:** I graduated from the University in Japan. And I took the license of nurse and public health nurse and the school



health teacher. Before becoming a JICA Volunteer, I had a work experience of six years in the surgical ward and the cardiovascular ward.

From July 2013, I'm working to improve hospital for safe childbirth at Satkhira District hospital. By doing 5S/KAIZEN/TQM activity specifically, I'm aiming to improve the efficiency of the work of the staff and sanitary conditions in hospitals. Consequently, it works

to improve the quality of medical care throughout the hospital as well as maternal and child health. I'm promoting the 5S now, but we repeat tidying up and messing up. So, I come up a way that is practical for hospital staff with through discussing with them.

And individually, I hope they understand the spirit of the basic Japanese nursing, which is “Treatment and patient's right should have priority over all other things in hospital.” We should give priority to the patients based on seriousness of the cases despite they are poor or socially marginalized. I want to make the rules in accordance with this principle along with the hospital staff which we can be applied to all patients.

## Self-introduction: Rural Development Officer



### Takahisa FUJIMOTO

**Duration:** 2 years from March 2013

**Background:** I participated in JICA Volunteers after 10-year advertising agency work in Japan. I have started working in Jessore from the end of April 2013. Currently, I am spending the day-to-day with the help of Civil Surgeon Sir and Office staff,

UHFPO, MO, and Community Health Care Provider (CHCP), to grasp the local situation. My main activity is to provide support to Community Group and Community Support Group. So, I spend a lot of time with CHCP, in particular. And, I believe if we bridge between the Civil Surgeon Sir and UHFPO, with residents and CHCP, we can boost the health sector of Jessore. “If consciousness changes, an action changes. If an action changes, the situation changes.” If we express many opinions and ideas and can change consciousness each other, it would be good for Jessore during my two years of assignment. I believe it.

### Masako MIURA

**Duration:** 2 years from March 2012



**Background:** After graduating from the university, I have obtained MA in Human and Environmental Studies in the graduate school. The major specialized in the graduate school is sociology, sexuality and gender in particular. I obtained it using



the historical considerations concerning sexually transmitted diseases and the sex industry in Japan. I have questioned the nature of society to increase difficulty of living that only be referred to as "a woman" have studied in the graduate school to get a job as gender-related fields in international organizations in the future. Then I participated in the JICA Volunteers.

Now, I have assigned to the Civil Surgeon office of Narsingdi district to work to improve health services at the community level along with staffs of the SMPP Narsingdi office. Community Clinic (CC) can be mentioned as a facility that provides primary health care in rural areas of Bangladesh. Familiarizing CCs among community people will lead to a "safe birth." I have supported processes that local people find and solve the problems faced in CC by themselves with staffs through discussion. In addition, I have been raising awareness about basic knowledge of maternal health in rural areas with the FWV and FWA. I am trying to increase knowledge of women during pregnancy regarding, for example, what they should eat or signs of a dangerous condition, and try to improve the situation surrounding the pregnant women in this country. Although problems that the health sector is facing in Bangladesh are too many, the feeling runs high that I have to work hard tomorrow when I saw the sight that local people recognize that local

problems are their problems and try to solve their current situation. I want to continue to work in the remaining term along with staffs so as not to leave regret.

## Masako UTSUNOMIYA

**Duration:** 2 years from June 2012



**Background:** Majored in science policy at the university, then I learned about population decline problem the Japanese economy was facing. At that time, I felt there is a need for the next generation to live in cooperation with other countries, especially neighboring countries in "Asia".

"I want to cherish the life and future of children in Asia to change the world and Japan." With such a feeling I had after having worked as a consultant in Tokyo, I have come to Bangladesh as JICA Volunteer.

As a member of the SMPP team in Satkhira, we provide operational support to Community Group (CG) / Community Support Group (CSG) mainly. I feel there was a significant change in the past year among the CG of the Satkhira. Previously, it was not clear to whom and how CG members should approach if there is a problem with the CC. This

situation caused inactiveness in discussions among the CG members. However, it was observed that CG members' thinking and taking actions by themselves for betterment of the region has been increased.

In CSG, various activities have been carried out in order to protect mothers in the region, to achieve a safe childbirth. Those activities include collecting a pregnant woman list and creating a map of the area. In this way, we are "visualizing" the current state of pregnant women. People's voice, "We no longer have people who die due to pregnancy in the area" is beginning to hear little by little.

While people act themselves, I also believe that the presence of the local government is important, in particular, local government recognizes CSGs and provide necessary resources to them.

There is no end to describe the best of Bangladesh. For example, kindness of people, views of the village, food, and the bonds of family and community.

I hope that these good things are going to be handed over to the next generation. With this hope in our mind, we would like to continue the activities for the precious new life.



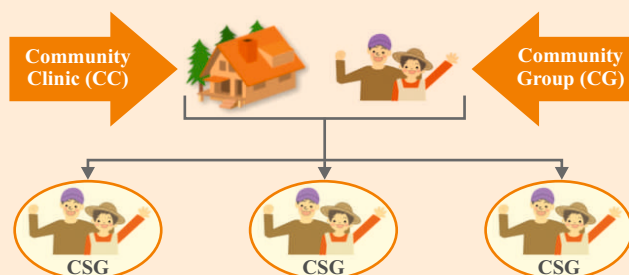
Community Clinic

**CC:** Community Clinic is the door step level health facility from where the quality primary health & family planning services are provided by GoB initiative.

**CG:** Community Group is the community level organization to look after the CC service.

**CSG:** Community Support Group is the community based organization to mobilize the community and contribute for local resource mobilization for CC and strengthening of referral linkage. Every CC has three CSG as per.

## What is 'CC' 'CG' and 'CSG'?



## Self-Introduction: Program Officer (Rural Community Development)

### Mari IWATA

**Duration:** 10 months from March 2013



**Background:** I had visited Bangladesh several times since I was a University student. I have an experience in studying Residential course at BRAC University for a semester in 2007 and did an internship at BRAC education program for a month and half in 2008.

After working for scholarship for foreign students at Japan Students

Services Organization, I joined JICA Volunteers.

I had worked for arsenic mitigation as JICA Volunteer, Rural Community Development Officer at Jessore with DPHE for 2 years from September, 2010. I had tried to do awareness activities and to coordinate both Government sector and NGOs that work on arsenic mitigation or safe drinking water. In this time, I engage in two works based on previous 2 year experiences. One is to accelerate linkage of local government and health, family planning sector, which means following up UDCCM (Union Development Coordination Committee) for improving maternal and neonatal services. Especially, I try to share with field staffs of Health and Family Planning about merit for

cooperating with local government through UDCCM at their monthly meeting. Another is to share good practices of Union Parishads' activities, which means to support HLP (Horizontal Learning Program). I introduce good practices related maternal and neonatal health to other Union Parishads for implementing their budget property.

My favorite feature of Bangladesh is strong bonds in family members. So, I would like to make an environment such as local people proud of their own region and GoB Health/Family Planning officers because they sincerely support mothers and their new-born family members. And, GoB Health/Family Planning officers also proud of their working area so that there are better situation for maternal and neonatal health services than other areas.

## Worked with SMPP during Phase 1

### Sayaka OKA

*Worked as a Rural Community Development Officer*



**Assigned station:** Family Planning Department in Monohordi, Narsingdi District.

Aiming to promote safe motherhood, I advised the field staffs and assignment area facilities as needed while going around. In addition, I organized puppet shows to increase

understanding on safe delivery with a midwife of JICA Volunteers.

I am currently engaged in work which targets people who suffered from the earthquake in Miyagi, Japan. I work for establishment of community watching system and am utilizing my experiences gained from Community Support System (CmSS), which I was deeply involved in during my activities with SMPP, to solve the problems, the way of entering the areas and talking to the people.

### Yasuko SHIDA

*Worked as a Midwife*

**Assigned station:** Family Planning Department in Narsingdi District



1. To play puppet show for pregnant women and their families
2. Support of Maternity Class in MCWC and FWC
3. Class of Adolescent in Gazipur and BKSP
4. Support of training for TBA and P-CSBA with SMPP staff.

**Currently:** Working at Hospital of disaster area in Japan.

### Important Address:

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**SMPP Project Offices-** **Dhaka:** Directorate General of Family Planning Building (DGFP), 6th Floor, 6, Kawran Bazar, Dhaka-1215, Bangladesh. Tel/Fax: (02) 8189277. **Narsingdi:** DC Office Road, 56, Bilashdi, Narsingdi. Tel/Fax: (02) 945 1622. **Satkhira:** Uttar Katia, Karmakarpara, Satkhira. Tel/Fax: (0471) 62084, 62085. **Jessore:** Zila Parishad Building (BD Hall), Jessore. Tel: 0421 - 71040.